

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Klaus P. HIRTH
Title: METHOD FOR MOLECULAR DIAGNOSIS OF TUMOR ANGIOGENESIS
AND METASTASIS
Prior Appl. No.: 09/336,650
Prior Appl. Filing Date: 06/18/1999
Examiner: Unassigned
Art Unit: Unassigned

CONTINUING PATENT APPLICATION
TRANSMITTAL LETTER

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

☒ Continuation ☐ Division ☐ Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (30 pages).
- ☒ Declaration and Power of Attorney (2 pages).
- ☒ Information Disclosure Statement and Form PTO-1449.
- ☒ Preliminary Amendment (4 pages).

The filing fee is calculated below:

| | Claims as Filed | Included in Basic Fee | Extra Claims | Rate | Fee Totals |
|--|--------------------|--------------------------|-----------------|-------------------|---------------|
| Basic Fee | | | | \$710.00 | \$710.00 |
| Total Claims: | 5 | 20 | 0 | x \$18.00 | \$0.00 |
| Independents: | 1 | 3 | 0 | x \$80.00 | \$0.00 |
| If any Multiple Dependent Claim(s) present: | | | + | \$270.00 | \$0.00 |
| | | | | SUBTOTAL: | \$710.00 |
| [] Small Entity Fees Apply (subtract ½ of above): | | | | | \$0.00 |
| | | | | TOTAL FILING FEE: | \$710.00 |

[X] A check in the amount of \$710.00 to cover the filing fee is enclosed.

[] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

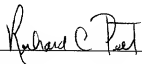
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 11, 2001

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By

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